CAND DATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

The C/OH Instruction Guide explains how to complete this form.

OFFICE USE ONLY

Date Received

3 CANDIDATE / OFFICEHOLDER NAME — MS MR — FIRST — NICKNAME — LAST — SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS — ADDRESS / PO BOX — APT / SUITE #: — CITY — STATE — ZIP CODE

Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE — AREA CODE — PHONE NUMBER — EXTENSION

Date Hand-delivered or Date Postmarked

Receipt # — Amount $

6 CAMPAIGN TREASURER NAME — MS / MRS — NICKNAME — SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS — CITY — STATE — ZIP CODE

8 CAMPAIGN TREASURER PHONE

9 REPORT TYPE

10 PERIOD COVERED — 4/4/23

AREA CODE — PHONE NUMBER — EXTENSION

11 ELECTION

12 OFFICE

Month — Day — Year

CAND DATE / OFFICEHOLDER CAMPA GN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH E

kl

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

[redacted]

EXPENDITURE TOTALS $

[redacted]

CONTRIBUTION BALANCE $

[redacted]

(1) Affidavit

[redacted]

(2) Unsworn Declaration

[redacted]

Collin TX 4 A

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1425.00
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4	SCHEDULE E: LOANS	$
5 ☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 36.3
6	[redacted]	$
[redacted]	[redacted]	$
[redacted]	[redacted]	$
9. ☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 5371.
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11		$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

1 Total pages Schedule A1

2 FIL

3 Filer ID (Ethics Commission Filers)

4 E. Dankel

5 Full name of contributor ☐ out-of-state PAC (ID#:)

7 Amount of contribution ($)

23 Sheila Fink 50.00

6 Contributor address; City; State; Zip Code

[redacted]

☐ out-of-state PAC (ID#:)

8 Principal occupation / Job title (See Instructions)

The Instruction Guide explains how to complete this form.

9 Employer (See Instructions)

2

Date Full f butor out-of-state PAC (Amount of contribution ($)

4 Date

2/26/23 She hn 250.00

Contributor address; City; State; Zip Code

425 B [redacted] ☐ out-of-state PAC (ID#:)

[redacted]

Principal occupation / Job title (See Instructions)

Full name of contributor

(See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME Dankel

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	out-of-state PAC	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/29	Sarah Bell	☐	6710 Virginia Pkwy McKinney TX 75071	75.00
[redacted]	[redacted]	☐	[redacted]	100.00
4/4/23	[redacted]	☐	2408 Creek Ridge Dr. 400 Shiloh Dr. Lucas TX 75002	50.00
	Jane ill	☐		

Principal occupation / Job title (See Instructions) | out-of-state PAC (ID#: | Employer (See Instructions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILE E

3 Filer ID (Ethics Commission Filers)

4 Date

PAC

7 Amount of contribution ($)

2/11/23

State; Zip Code

71 25.00

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC

Amount of contribution ($)

2/14

State; Zip Code

50.00

Principal occupation / Job title (See Instructions)

(See Instructions)

Date

Full name of contributor

☐ out-of-state PAC

Amount of contribution ($)

2

Contributor address

City;

State; Zip Code

75071

125.00

Principal occupation / Job title (See Instructions)

Emp

(See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution ($)

3/14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

[redacted]

☐ out-of-state PAC (ID#:_____)

2/1/23 2133 Lavaca r 75010

4 Date 5 Full name of contributor 7 Amount of contribution ($)

[redacted]

☐ out-of-state PAC (I

ie 100.00

Link Michael

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions) ☐ out-of-state PAC (I 9 Employer (See Instructions)

2/10/23 Full name of contributor City; 50.00

[redacted]

☐ out-of-state PAC (I

Atchison

2/10/23 7820 50.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

DO NOT include this page in the report

1 Total pages Schedule A1

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor ☐ out-of-state PAC

Carissa on

7 Amount of contribution ($)

6 Contributor address; City;

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor ☐ out-of-state PAC

☐ out-of-state PAC (I

an

The Instruction Guide explains how to complete this form

☐ out-of-state PAC (ID#:)

Rebecca S

Employer (See Instructions)

4

1/29/23

250.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

2 NAME

5

7 address: 4 West University mckinney Tx 75071

34.36

PURPOSE OF EXPENDITURE

Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense

City:

1309

PURPOSE OF EXPENDITURE (c) ☐ Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense

Office held

Category (See Categories listed at the top of this schedule)

PURPOSE OF EXPENDITURE

Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

8 PURPOSE OF EXPENDITURE

4 D

(c) 5

3/ 20 - 4/5/2; re Press

6 Amount ($) 7 Payee address; City; State; Zip Code

2805.85 1400 Presidential Dr. #1

(b) Description

Advertising Signs & Fliers

9 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure benefit C/OH

Date ame

4/13

Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District

PURPOSE OF EXPENDITURE

ess; City; State Zip Code